

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		2				
8		1				
9		1				
10		1				
11		2				
12		1				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		(1)				
20		(1)				
21	1					
22		1				
23		2				
24	1					
25	1					
26		1				
27		2				
28		1				
29		2				
30		2				
31	1					
32		1				
33		1				
34		3				
35		1				
36		(1)				
37		1				
38		1				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	43					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS